

Adenoids

Information for Parents

What are Adenoids?

At the back of the nose in children are swellings called adenoids.

They are absent at birth and grow in the first year or two of life. They regress naturally at a variable age usually between 10-12. Occasionally they persist into the teens but they have disappeared by the time we reach adulthood.

What do the adenoids do?

Adenoids are made of lymphoid tissue, just like the tonsils and appendix. There is lymphoid tissue in many parts of the body. Lymphoid tissue contains cells from the immune system. Removing a small amount of lymphoid tissue, however, does not prevent your body from fighting germs.

Why do we remove adenoids?

Adenoids can cause a number of different problems.

1. **Blocked nose** – large adenoids can cause a blocked nose. This is usually associated with snoring and a tendency to breathe through the mouth. In severe cases the breathing can be affected. Children may struggle to breathe at night or have pauses in their breathing. This is a condition known as obstructive sleep apnoea.
2. **Runny nose**- adenoids can harbour bacteria. This may result in prolonged runny noses.
3. **Ear problems**- the adenoids sit at the entrance to the Eustachian tube. This tube is important for ventilation of the ear. We still do not fully understand what causes glue ear but there is increasing evidence that if we remove the adenoids this helps ventilate the ear and makes glue ear less likely to return.

What are the alternatives?

Runny or blocked noses may improve with antibiotics or occasionally with steroid treatment into the nose. Unfortunately, the problems frequently recur when the medication is stopped.

If the problems are not too bad then it is often better to simply wait for the adenoids to regress naturally.

If there are significant breathing or hearing problems, however, it may not be advisable to wait and removal of the adenoids may be recommended.

What are the risks?

A general anaesthetic is required. Your child will be fully assessed by a paediatric anaesthetist before the operation who will answer your questions with regard to this.

The Day of the Operation

Eating and drinking

Your child will be admitted on the morning of the operation and will have no food for six hours prior to the general anaesthesia. Clear fluids (water or clear juice) may be taken until two hours before the general anaesthesia. You will be advised of the exact times by the ward staff, who usually call you the day before the operation.

Before the Operation

You and your child will see the anaesthetist and the surgeon. The surgeon will explain the procedure once again and ask you to sign a consent form.

What happens during the Operation?

The operation involves a short general anaesthetic. While your child is asleep the adenoids are removed through the mouth. There is usually only a little bleeding and this is controlled.

What happens after the operation?

Pain Medication & Antibiotics

Removing the adenoids alone is generally not very painful and simple painkillers such as Paracetamol (Calpol) are usually sufficient. If the tonsils are removed as well then extra painkillers are required. Antibiotics are usually prescribed to prevent infections.

Post operative problems

Very rarely, children experience some bleeding after adenoidectomy. This is usually minor. If your child has some bleeding you should contact a doctor. If your child has persistent bleeding you should take them to the nearest accident and emergency department. The nurses at the ward where your child is admitted can give you advice.

Going Home

If your child is having just adenoids removed (or adenoids and grommets) they will go home around three or four hours after the operation. The paediatric nurses will help decide exactly when your child has recovered enough to go home. If they are having their tonsils removed as well then they will stay in hospital overnight.

When can my child go back to school or nursery?

After removal of the adenoids children should keep away from school for one week. If the tonsils are removed as well then they should keep away for two weeks.

This is simply to try and reduce the chance of them picking up an infection from another child which will make them feel more uncomfortable. They can mix with family and close friends.

Your child should avoid swimming for 1 week and he/she should be safe to fly 1 week after the operation.

Follow up appointments

Your child will be seen about two weeks after the operation. It is important to keep this appointment so that your consultant can check that everything is healing after the operation.

Contact

If you have any concerns regarding your child's post-operative recovery please telephone Mr Hartley's secretary (during office hours) on 020 7390 8352.

Alternatively, please call the Portland Hospital on 020 7380 4400 and ask to speak to the Duty Sister who will be able to give advice.